Image# 14952373498 PAGE 1 / 1

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL Committee To Reelect Congressman Chris Smith ADDRESS (number and street) P.O. Box 3184]		
			-		
CITY, STATE, and ZIP CODE					
Hamilton	NJ 086				
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (St	3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION NUMBER	
Christopher H. Smith	House NJ 04		C00096412		
5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON				
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount	
Bayada U.S. PAC			day, year)		
•			10/22/2014	2000.00	
290 Chester Avenue					
		Transaction ID: 41022.C59894			
Moorestown NJ 08057	Occupation				
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount	
WAKEPAC Wakefern Food Corp			day, year)		
p			10/22/2014	2500.00	
Attn: Lorelei N. Mottese, Dir Govt					
33 Northfield Avenue	Transaction ID : 41022.C59893				
Edison NJ 08837	Occupation				
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount	
	, , , , , , , , , , , , , , , , , , ,		day, year)		
	Occupation				
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Name of Employer		Amount	
, , , , , , , , , , , , , , , , , , , ,	riamo or Employor	realite of Employer			
	Occupation	Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount	
E. FOLL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		day, year)	7 H. 10 G. 11	
	Occupation				
CICNATURE (antional)		DATE			
SIGNATURE (optional) Mary M. Roldan	DATE 10/22/2014		For further information contact: Federal Election Commission		
	[Electronically Filed]		999 E Street, NV	V, Washington, DC 20463	
			Toll Free 800-424-	9530, Local 202-694-1100	

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